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PROCEEDINGS OF THE ANNUAL CONFERENCE OF THE SURGEON GENERAL, PUBLIC HEALTH SERVICE, AND THE CHIEF, CHILDREN'S BUREAU WITH STATE AND TERRITORIAL HEALTH OFFICERS, HELD AT WASHINGTON, D.C. ON OCTOBER 10-12, 1962

Public Health Service
Washington, D. C.

1962

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Proceedings

1962 Annual Conference

of the

SURGEON GENERAL, PUBLIC HEALTH SERVICE

and the

CHIEF, CHILDREN'S BUREAU

with

STATE AND TERRITORIAL HEALTH OFFICERS

October 10-12, 1962
Washington, D.C.

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

1961-1962

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of the

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS

President:
Malcolm H. Merrill, M.D., Director of Public Health
California State Department of Public Health, Berkeley

Vice President:
Charles L. Wilbar, Jr., M.D., Secretary of Health
Pennsylvania Department of Health, Harrisburg

Secretary-Treasurer:
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and Secretary, Indiana State Board of Health, Indianapolis

Executive Committee:
Mack I. Shanholtz, M.D., State Health Commissioner
Virginia State Department of Health, Richmond

Ralph E. Dwork, M.D., Director of Health
Ohio Department of Health, Columbus

Floyd I. Hudson, M.D., Executive Secretary
Delaware State Board of Health, Dover

Albert E. Heustis, M.D., Commissioner of Health
Michigan Department of Health, Lansing

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Combined Conferences
of the Surgeon General, Public Health Service, and the Chief,
Children's Bureau, with the State and Territorial Health Officers

General Session

Wednesday, October 10, 1962

Presiding: Dr. Luther L. Terry, Surgeon General

SUMMARY OF OPENING REMARKS

Dr. Terry called the conference to order. On behalf of the Children's Bureau and the Public Health Service he welcomed the participants, and expressed the pleasure he and Mrs. Oettinger felt in having the opportunity to discuss mutual interests and problems with the State and Territorial Health Officers. Dr. Terry recognized those State and Territorial Health Officers who had become members since the 1961 Annual Conference. He expressed his regrets that Dr. Hilleboe of New York, Dr. Rein of Louisiana, and a representative from Guam were unable to attend. He then presented Mrs. Katherine B. Oettinger, Chief of the Children's Bureau, for her discussion of health problems and interests in relation to the Children's Bureau.

CHILDREN'S BUREAU HEALTH SERVICES IN 1962

BY

Mrs. Katherine Brownell Oettinger
Chief, Children's Bureau
Social Security Administration

During the past week while I was in Kansas I heard what seemed to me the perfect commentary on our expanded concepts of what we can expect to achieve. The mother and father of an eight year old boy told him what they considered very exciting news. "Next summer," they told him, "we are going around the world!"

"Oh?" he responded casually. "How many times?"

I think all of us, this year, have been caught up in the spirit of accelerated activity which will lead us further and faster toward our goals in services to children than we have been able to go before. Some excellent legislation has been passed by the Congress which holds important promise for the future; for example, the amendment to the Public Health Service Act which provides for establishment of an Institute of Child Health and Human Development. Under this legislation the Public Health Service will undertake basic research to develop new knowledge about child health and development. The Children's Bureau will continue to center on research to improve the development, management and effectiveness of maternal, child health, and crippled children's services.

We are of course disappointed that the Congress failed, at this session, to pass H.R. 9299 or S. 2273. This Administration bill would enable us to make grants directly to public or other non-profit institutions of higher learning and to public or other non-profit agencies and organizations for research projects related to maternal and child health or crippled children's services. Since this bill is the companion and complement to the Public Health Service amendment, it will, when passed, enable the Bureau to expand its child health research efforts significantly. We anticipate that the Administration will again propose this bill early in the next session of Congress. In order to make the most of the coming opportunities in child health research, the Public Health Service and the Children's Bureau have worked out a detailed agreement delineating the responsibilities of each in relation to the legal base provided by each bill. To facilitate coordination, a representative of the Children's Bureau will serve as an ex officio member of the advisory council for the new Institute.

The new public health legislation on migrants represents another forward thrust in programs for children. Already the Children's Bureau is working with the Public Health Service to identify its role in implementing these important measures. There is still hope that the legislation on day care for migrant children, which has passed the Senate, may be enacted.

The greatest single advance in our potential for service since the Social Security Act was created in the 1930's is represented by the public welfare amendments passed a few weeks ago. These amendments authorize more funds for services to children and families receiving public assistance. In addition,

they require the States to plan ahead toward State-wide expansion of child welfare services to all geographical subdivisions. The present $25 million annual authorization for child welfare will be progressively increased until it is doubled by 1969. We recognize the great need for increasing the ceilings of the maternal and child health and crippled children's programs so that they can move in tandem with those for child welfare in order to meet the burgeoning needs of these programs. The Department is now actively considering how this can be achieved.

A provision of the 1962 amendments which is of special interest in relation to your programs is the one which earmarks $5 million of Federal child welfare funds for day care services for fiscal year 1963 and $10 million for each year thereafter. In recent years we have come up against some startling facts about certain changes in our society, which we have summarized in a fact sheet on working mothers now available for your use. We have discovered, for example, that there are 15 million children under 18 in our country whose mothers are working. Four million of these children are under 6, and 5 million are between 6 and 11 years old. It is abundantly clear that the working mother, in our society, is here to stay. Our acceptance of this fact has intensified our conviction that children must not be allowed to suffer as a result of this changing social pattern. It has spurred us to discover better ways to assure that the many day-to-day social and health needs of children are met.

Under the new amendment, priority is to be given to day care services for low income families and other groups with special needs and to geographic areas which have the greatest relative needs for such programs. Provision of care is not, however, limited to children of working mothers. It may be offered to any child for whom day care is clearly in the best interests of the child and his family. Children who are socially deprived, children who are handicapped physically, emotionally, or mentally can also benefit from these services.

Also under this amendment, each State is required to appoint an advisory committee on day care in which education, health, and welfare representatives are included. To us in the Children's Bureau this seems a provision of major significance, for it spells out unmistakably what we believe so deeply: that all disciplines must work together so that day care services are never allowed to deteriorate into child-parking facilities, but instead maintain high standards through which they can make a positive contribution to the total well-being of the child.

We have seen, as I am sure many of you have, entirely too many dingy, crowded day care facilities in which even the best intentions and efforts of the directors cannot begin to protect the health of the children under care. We are allowing ourselves the luxury of being idealistic about day care facilities. We believe that the emphasis given, within the Federal law, to the importance of the health component of day care means that it will be possible to develop services which not only protect children from insanitary conditions but serve as a ground for some of the basic preventive measures which are so vital in the early years of childhood.

We do not expect nor want day care facilities to turn into auxiliary maternal and child health clinics, but we do hope to see a quality of health standards built into day care programs which will assure that early signs of physical or emotional disorder will be recognized. At the present time, 7 States have no requirement whatever for licensing day care facilities. In 33 States, licensing is the responsibility of the welfare department; in 6 States the health department is responsible, and in several other States the health department shares this responsibility.

A subcommittee of the American Public Health Association has recently met with the Bureau, at our request, to develop recommendations for health standards for day care programs. We look to you, as the health officers of your States, to lead the way in including adequate health standards as the day care programs of your States expand.

Within the past year a new and tragic challenge has presented itself in relation to services for crippled children. I refer, of course, to the babies who have been born, or are about to be born, deformed from the effects of the sleep-inducing drug thalidomide. We cannot yet estimate the total number of children in the United States who will have some degree of congenital malformation as a result of ingestion of this drug by the mother. Numerically speaking, there will probably not be many.

But the presence of even a few cases has created greater public concern and has given new impetus to prosthetic research, in which we have already seen such remarkable advances in recent years. The extreme severity of these malformations as they are appearing in Germany and elsewhere has stimulated increased interest in prostheses externally powered either hydraulically or electrically. It may be that new devices developed in response to this particular need will also prove useful in our treatment of congenital handicapping from other causes.

One of the chief responses of the Administration to the thalidomide tragedy has been its immediate move to strengthen legislative control of use of drugs which are still experimental. What has happened to these babies can never be undone, but we can move much faster than we have been doing in our efforts to prevent handicapping of all types.

So strongly do we feel the importance of preventive efforts that we selected this as a major theme for Child Health Day on October 1 this year. To us in the Bureau, Child Health Day is more than just a day on which to call attention to programs for children. We see it as an occasion to re-examine and restate our most important goals. This year we emphasized particularly some of the ways that we can help to give babies a good start in life. Among these are:

- A preventive health program to assure optimum health for all girls and women during their childbearing years.

- Adequate prenatal care for all expectant mothers, with consultation from obstetricians and other specialists.

- Hospitalization for women with complications of pregnancy, and for premature or other infants in need of specialized care.

- More adequate provision for the purchase of maternity care by health departments for women in low-income families.

- Home care from medical and nursing personnel when hospitalization for delivery must be brief.

The relationship between inadequate or no prenatal care, and such problems as prematurity and mental retardation is becoming increasingly clear. The Bureau has stepped up its effort to prevent mental retardation both by encouraging better prenatal care and through programs for the early detection of conditions which may lead to retardation.

It is reassuring to us in the Bureau to find how deeply the President's Panel on mental retardation shares our conviction about the importance of these services. During the year, the Chief and members of the Children's Bureau staff have met numerous times with Mr. Leonard Mayo and other members of the Panel. At the public hearings held by the Panel throughout the country, two points were stressed again and again: the need for more clinics for the mentally retarded, and the need for greatly extended and improved prenatal care as part of a major acceleration of programs to prevent mental retardation and other physical disabilities. Professional workers, citizens, and members of the Panel were all equally vocal about these needs. The Panel's final report will be submitted to the President this month.

Late in fiscal year 1962, the Bureau began a nationwide screening program to detect phenylketonuria. Thirty-four of the States are already participating. The program is expected to encompass over 400,000 children during the year. The Bureau has also completed an inventory of children with phenylketonuria as a basis for its follow-up study of the effects of dietary treatment on the mental development of PKU children and the influence of such factors as age at which treatment is initiated, duration of treatment, and problems of dietary control.

You may be interested to know that I am serving as co-chairman with Mrs. Eunice Shriver for the Northeast Regional Seminar on Socio-Recreative Planning for the Retarded Child in the community. This seminar, jointly sponsored by the National Association for Retarded Children and Comeback, Inc., will take place on November 8, 9, and 10.

Both prevention and treatment have been important emphases in the Bureau's programs for the conservation of speech and hearing this year, as has improvement of the ability of the child to communicate with others. We are interested in much more than simply fitting a child with a hearing aid or surgically correcting a cleft palate, even though these are often the principal focus of our services. Our goal is to provide whatever services the child needs to help him become a well-adjusted, contributing member of his family and community.

If we are to achieve this goal, we must discover, early, which children have partial or total loss of hearing or speech or language impairments. In order to increase the number of trained personnel who are qualified to identify and work with such children, we held special training institutes at Johns Hopkins and Stanford Universities during 1962, to teach health personnel the most effective techniques of testing auditory response in infants and preschool age children. A regional conference on the responsibility of maternal and child health and crippled children's programs for early casefinding, diagnosis, and audiological treatment was held in Utah.

Along with early detection must come comprehensive diagnostic evaluation involving all disciplines which need to work with these children. And, as I have mentioned, we must provide preventive and remedial medical and surgical treatment, hearing aids, and other audiological and speech services. The Bureau has been able to make significant advances in all aspects of the programs in recent years.

At least 44 State health departments and crippled children's agencies are now providing medical and audiological services, and thirty-eight States have positions in their health departments or crippled children's agencies which are specifically for the purpose of conducting speech and hearing programs for children. The hearing of nearly 4 1/2 million children in 46 States was tested in 1960, and nearly 107,000 of these children were referred for further evaluation and treatment. In the same year the State crippled children's agencies reported giving

services to nearly 23,000 children with hearing impairments and more than 17,000 with cleft palate or cleft lip.

The extensive use that some of you are making of Children's Bureau publications in your States makes me feel that you will be interested in knowing about some of our new efforts along this line. Last year I mentioned to you that the Bureau was beginning to develop special educational materials for families with limited reading abilities. Our enthusiasm for this project has been rising in direct proportion to the interest which has been expressed outside the Bureau.

We have found a ready response to When Your Baby is On the Way, our simplified version of Prenatal Care. Seventy-six thousand copies of this publication have been sold since January of this year. Your Baby's First Year, a simplified version of our long-time best seller Infant Care, is almost ready for release. We are also planning simple publications, which will rely heavily on visual elements, on the toddler and on the child from 3 to 6. Although educational levels reported by the Bureau of the Census indicate that our full-length parent publications can be read by 80% of the adult population, we are becoming more and more convinced that we need to provide both these more detailed manuals and the simpler versions directed to many parents who receive care for themselves and their children through public health clinics. So often, parents with the lowest reading skills are the very ones with the highest needs for sound information on child rearing.

Since so many of these parents in the large cities of the East and in certain parts of the West are Spanish-speaking, we have also felt that these simple publications should be translated. We are currently testing out the suitability of our translation of When Your Baby is On the Way with groups familiar with both Puerto Rican and Mexican Spanish, which we have found are quite different from each other.

The surprise sleeper of the year in our technical publications has been Phenylketonuria. It is estimated that there are about 2500 children in this country known to have PKU. Yet in its first year, 42,000 copies of this publication were sold. We know that many of you are partly responsible for this large demand, having ordered in quantity for the public health personnel of your States.

We want to urge you to give us your comments on our publications and your suggestions for future publications. After all, you are the ones who have the day by day contact with programs in which health information materials are needed, and the Bureau wants to respond with publications of the kind you want, will use, and feel parents and professional personnel will use.

In no area are we more conscious of the need to do a better job of reaching parents than in relation to the physical abuse of children. You have undoubtedly seen some of the reports about children admitted to hospitals with a variety of injuries later recognized as the results of gross physical abuse. The story told by the parent may sound pretty plausible when the child is brought in, but X-rays often reveal multiple fractures in different stages of healing which suggest that the child has been subjected to brutality time and time again. Of course the numbers of these children are small in terms of our total population, but they are tremendously significant in terms of health and other services.

In an effort to do something about this problem, the Children's Bureau brought together on January 15 a group of people including psychiatrists, workers in hospitals, social workers--people from all over the country who are concerned about abused children. One of their major suggestions was that it be made mandatory for physicians or hospital administrators to report such cases. They said

that this was not only a medical problem but also a legal one, and they asked us to assemble another group who were qualified to determine what should be done from the legal standpoint. Their idea wasn't to put the doctor on the spot, but rather to take him off the spot. Very frequently, the doctor feels he should report such instances, but recognizing the possibility of civil liability, he hesitates to report to the authorities this very distasteful sort of situation that many people find hard to believe.

The second group which met with the Bureau urged us to develop model State legislation which would spell out what should be reported, and by whom the report should be made. This we are in the process of doing.

In order to learn more about the strange emotional malignancy which causes some parents to mistreat their children, the Bureau has just approved a special projects grant for the study of 25 families in which the parents are known to have abused their children. Families will be interviewed by pediatricians, psychiatrists, psychologists, and social workers in an effort to find whatever common denominators exist among them which may partially explain their sick behavior. Through this study we hope to learn more about what services we can offer which will help to bring about the very basic changes in personality and attitude that are needed. We are going to need a great deal of help from you in the States, to help us analyze the many aspects of this problem and take whatever kinds of action are needed.

We are also particularly eager to have your cooperation as we attempt to improve health services for adolescents. We are realizing more and more that many of the health problems of adolescence are unique to their age group and require a special kind of attention. For example, a bizarre new fad among teenagers--"glue sniffing"--is causing a sharp upturn in delinquent behavior in some areas. The Adolescent Clinic of the University of Colorado is currently studying this problem as it appears among the 183 adolescents who have come to the attention of the clinic within one year after having been arrested for being "glue drunk." The glue is plastic cement which may damage the liver, kidneys and brain in addition to creating psychological problems.

The Bureau is also concerned about the problem of the misuse of drugs by teenagers. In its progress report released in September, the President's Ad Hoc Panel on Drug Abuse stresses the importance of a clear understanding of the patterns of drug use and abuse in this age group. The panel points out that all too often, hysteria replaces sober judgment when teenagers are involved, and that if we are to control the problem we must understand the facts clearly, neither under-estimating its potentially destructive force nor exaggerating the extent of teenage involvement.

These are some of the more dramatic problems which make the Children's Bureau particularly interested in broader development of special health services for adolescents. But there are many day to day problems relating to the health of maturing young people which we also feel require special attention.

Adolescents tend to be one of the most neglected groups in relation to health care. Even children who have regular medical checkups when they were younger tend to drift away from care as they reach adolescence. In part this may be because they are not readily accepted in adult facilities, yet are embarrassed to wait their turn among infants and young children. This break with medical supervision could not come at a worse time in their individual life spans. Added to the sheer physical strain imposed on the child's body by the changes and growth spurts of adolescence are the confusions and uncertainties that surround his physical and emotional processes of maturing.

The complexity of the health problems that adolescent youth are concerned about has been highlighted in the several adolescent clinics supported by the Children's Bureau. Boys worry about the uneveness of their physical maturation. Teenagers decide to marry early and need a variety of forms of counseling. Such needs are peculiar to their age range. If unmet, the unsolved problems of these youth, particularly their need for family life education, can have serious effects on their ability to reach a mature way of life.

Present predictions are that 40 percent of the brides and 12.5 percent of the bridegrooms who enter into marriage this year will be less than 20 years old. More than half of the teenage wives will have babies while still in their teens. Within recent years there has been a 165 percent increase in the number of fathers under 21 years of age. Of 221,000 out-of-wedlock births in 1959, one-third of the white births and half of the non-white births occurred to girls less than 20 years old. Some 4400 of these births were to girls 15 years of age or younger, scarcely more than children themselves.

These statistics underscore the important role which adolescent clinics can serve in preventive health programs for this particularly vulnerable group in our society. It is obvious that we must step up both our facilities and our training in adolescent medicine if we are to meet the needs of these young people adequately.

I wish it were possible for me to report to you today on the progress of each aspect of the Children's Bureau's maternal and child health and crippled children's programs. But as these programs become ever more extensive and complex in response to the changing needs of our times, I must limit my report to those elements of the total program in which there have been the most significant changes during the year.

This year marked the turn of the first half century of the Children's Bureau's efforts for children. It has also marked a major turning point in many Bureau programs, many of which, as we have seen, have important implications for you as State and Territorial Health Officers. I believe that you will share our sense of excitement and promise as we work together for the better health of all the nation's children.

SUMMARY OF DISCUSSION BY DR. TERRY

Dr. Terry thanked Mrs. Oettinger for her report, and went on to discuss some of the things of mutual interest from the standpoint of the Public Health Service. Dr. Terry told the meeting that the proposed legislation which failed to pass the Congress included the aid to health professions education bill, the PHS reorganization bill, and the Environmental Health Center proposal; and he cited some circumstances which may make for more favorable attention in the next Congress. He discussed briefly the Congressional actions taken and his anticipations with regard to pay raises, and some key personnel changes that have taken place in PHS during the past year.

He said the ASTHO's Executive Committee proposals for reorganization of the Committee structure represent a constructive move and the Service will be glad to continue working with the ASTHO along these lines if that is the Association's desire. He said that time is being set aside later in the week for discussion of radiological health. He called attention to the National Conference on Air Pollution and a small working conference on health communications, both scheduled for December, and suggested that the ASTHO may wish to make some recommendations on air pollution.

Noting that several agenda items relate to grant-in-aid funds, Dr. Terry said he had set up a working group in the PHS to make a comprehensive study of grant practices, and that the ASTHO had been asked to make consultation available to it. This working group's preliminary recommendations will be distributed for comment before being promulgated, Dr. Terry said; and he described the steps being taken to promote further cooperation between recipients of community health services grants and State health departments.

Dr. Terry called attention to the proposed recommendations on personnel training in relation to the National Conference on Public Health Training Schedule, planned for August 1963; and he noted that Vaccination Assistance Act enabling legislation was passed but no appropriation has been made.

The Surgeon General reviewed briefly the Service's recommendations for use of oral poliomyelitis vaccine, the actions of the Surgeon General's Special Advisory Committee on Use of Oral Poliomyelitis Vaccine, and the efforts being made to improve the vaccine. He said that despite the increased production of influenza vaccine there may be local shortages, and the need to vaccinate the high risk groups is being emphasized. He noted the effect of the Public Works Acceleration Act on PHS programs.

The United States is cooperating with the international effort to eradicate the Aedes egypti mosquito from this hemisphere, Dr. Terry reported. He said the Service plans action to eradicate this yellow fever vector from the Southeastern States.

The new legislation authorizing an Institute of Child Health and Human Development is likely to result in a closer working relationship between the Public Health Service and the Children's Bureau, Dr. Terry said; and he mentioned two other legislative actions--the authorization for the National Institute of General Medical Sciences and the continuation for another three years of the Health Research Facilities Act. He told the meeting that there will be hearings during the next Congress on the renewal of the Hill-Burton program, and he solicited the recommendations of the State health officers as an aid to formulating the presentations to Congressional committees. He sketched the history of the fluoridation

program and asked the help of ASTHO in getting it off the dead center on which it now seems stalled.

In answer to questions, Dr. Terry and Dr. Hundley, Assistant Surgeon General for Plans, described the legislative situation with regard to radiological health, migrant labor, and the Environmental Health Center; and there was brief discussion of action which may be taken by the American Academy of Pediatrics with regard to Type III oral poliomyelitis vaccine, and of the provisions for use of day care funds under child welfare services.

(End of General Session)

RECOMMENDATIONS
OF THE
STATE AND TERRITORIAL
HEALTH OFFICERS

October 12, 1962

ENVIRONMENTAL HEALTH COMMITTEE

Chairman:	Kirk T. Mosley, M.D.	Oklahoma
Vice Chairman:	Richard H. Wilcox, M.D.	Oregon
Members:	James R. Amos, M.D.	North Dakota
	James W. Sampson, M.D.	Wyoming
	Robert H. Riedel, M.D.	Kansas
	G. S. T. Peeples, M.D.	South Carolina
	E. A. Rodgers, M.D.	Nebraska

The State and Terrritorial Health Officers recommend:

1. Ambient Air Quality Standards

That the Public Health Service develop, recommend, and publish ambient air quality criteria necessary for the protection of public health; and further, that the Public Health Service, as new knowledge is obtained on the health effects of atmospheric contaminants, periodically review and revise criteria for the guidance of States in developing State and local standards for air quality.

2. Financing of Shellfish Control

That the Public Health Service be requested to study the feasibility of securing Federal funds to assist States in shellfish control. Explorations should include the possibilities of weighted formula grants, project grants, contractual systems between Federal and State governments and also the possibility of building a weighting item for this purpose into present stream pollution funds.

3. Standards for the Manufacture, Handling, and Storage of Ice

That the Public Health Service, in cooperation with the ice industry and the several State health departments, develop standards for the manufacture, handling, and storage of ice used in or in contact with food or drink intended for human consumption.

4. Radiological Health Guidance and Criteria

The Association requests the Surgeon General to furnish the States technical guidance including items on standard surveillance, sampling, and analytical procedures, and required instrument performance and sensitivity to assure accurate and reliable determination of radionuclide levels in the environment in order to provide a proper basis for judgment in the effective application of preventive health measures.

5. Domestic Water Supply Reservoirs

That the Public Health Service develop and promulgate recommended criteria for reservoir sanitation.

Association actions:

6. Air Pollution: National Conference, December 10-12, 1962, Washington, D.C.

That each State and Territorial Health Officer support the National Conference on Air Pollution to be held December 10-12, 1962, at the Sheraton-Park Hotel, Washington, D.C.

That each State and Territorial Health Officer urge support of the Conference and attendance by county, regional, and city health and air pollution control agencies in the State.

That State agencies which support an active air pollution control program within the State provide exhibits publicizing their activity at the Conference.

7. Air Pollution: Control and Prevention Through Metropolitan Planning

That each State and Territorial Health Officer establish close and active working relationships with his State, county, and city planning agencies to provide information and guidance which will prevent air pollution and establish trends which will lead to long-range correction of community-wide air pollution problems.

8. Federal Funds for Radiological Health Services

That the Association support by all appropriate means appropriations to stimulate and aid implementation of acceptable radiological health activities in all States.

9. Joint Efforts Among States on Public Health Preventive Measures Against Radioactive Contaminants

That the Association of State and Territorial Health Officers endorse and support the proposal that public health preventive measures against widespread radioactive fallout be taken when feasible after prior consultation with adjacent States and the Public Health Service.

10. Endorsement of Collection of Human Bone and Other Tissues in the Evaluation of Radiation Hazards to the Population

That the Association of State and Territorial Health Officers endorse and support the efforts of the Public Health Service in collecting specimens of human bone and other tissues for the determination of their nuclide content.

11. Pesticides, Herbicides, Fungicides and Related Material

That each State and Territorial Health Officer take the leadership in creating a committee of the appropriate several State agencies that control the use or advise on the use of chemical agents (pesticides, rodenticides, herbicides, fungicides, piscicides and such other substances) possessing biological activity. The committee membership should include representatives of fish and game, wildlife, water supply and pollution, agriculture, forestry, and food and drug. The functions of this committee might include a review of the programs of the various agencies in the use of these materials and the effects of their useages upon the interests of the various agencies.

12. Extension of Shellfish Certification Program

That the Association of State and Territorial Health Officers petition the Congress to enact legislation which will provide for the extension of the shellfish certification program to imported fresh and frozen shellfish; that the Surgeon General of the Public Health Service and the Commissioner of the Food and Drug Administration be requested to assist in the preparation of the necessary legislation; that copies of this recommendation be transmitted to the Secretary of State.

FEDERAL RELATIONS COMMITTEE

Chairman:	D. G. Gill, M.D.	Alabama
Vice Chairman:	Franklin D. Yoder, M.D.	Illinois
Members:	John H. Venable, M.D.	Georgia
	G. J. Van Heuvelen, M.D.	South Dakota
	Carl N. Neupert, M.D.	Wisconsin
	N. H. Dyer, M.D.	West Virginia
	Robert B. Aiken, M.D.	Vermont
	R. L. Cleere, M.D.	Colorado

The State and Territorial Health Officers recommend:

1. Planning for Nationwide Publicity Campaigns

That the Public Health Service include representatives of the Association of State and Territorial Health Officers in the planning stage for the development of national publicity campaigns for dissemination of information to the States and Territories.

2. Public Health Relationships

That the Association urge the Public Health Service and Children's Bureau to give careful thought and consideration to a proper relationship and balance between Federal formula and Federal project grant areas of support, so that those activities which are primarily concerned with services be supported by formula grants and project grants be directed only toward training, demonstration and research areas.

3. Public Health Service-State-Local Relationships

That the Public Health Service revise its policies on administration of grant programs to eliminate the practice of direct Federal-local negotiations, and that, instead, State Health Departments be authorized and urged to assume effective leadership in all matters concerning local applicants.

4. Extending Period for Expenditure of Funds Under the Community Health Services Act of 1961

That the Public Health Service in cooperation with the Association, explore the desirability, feasibility, and practicability of seeking a way to extend the period during which the funds allocated to a State must be spent.

5. Overhead Allowance

That the Public Health Service revise its cancer demonstration and other project grant regulations to permit an allowance of "overhead" based on a uniform percentage figure.

6. Standardization of Public Health Terms for Purposes of Advanced Electronic Data Processing

That the Surgeon General make a survey of State and Federal activities in the field of public health electronic data processing, and that the findings and recommendations be discussed at the next annual meeting.

7. Qualifications Applied to General Health Grants to States

That the Association of State and Territorial Health Officers opposes qualification in general health grants to States, such as requiring that at least ten per cent of an existing general health grant shall be used to extend and improve or initiate new services.

Association actions:

8. Assignment Responsibility to Official Health Departments of Community Health Services

That the Association take all appropriate measures to apprise State and Federal legislators concerning the continuing fragmentation of health services and the problems attendant thereto and that measures be taken to see that the official health agencies be designated as proper authorities for administering community health programs.

9. Designation of Race or Color on Vital Records

That each State and Territorial Health Officer continue to collect vital data on race or color with consideration for safeguarding the individual confidential nature of this information.

10. Medical Certification of Medicolegal Cases

That the Association of State and Territorial Health Officers endorse the report of the U.S. National Committee on Vital and Health Statistics entitled, "Medical Certification of Medicolegal Cases," and urge each State, without delay, to bring about needed changes in its medicolegal system whereby these recommendations can be effected.

11. Minimum Safeguards for Vital Records

That the Association of State and Territorial Health Officers approves and endorses the following minimum safeguards for vital records with particular reference to records of birth and urges each State to place them into effect at the earliest date practicable:

a. Obtain vigorous legal prosecution of frauds involving vital records.

b. Maintain effective physical security for vital records and indexes thereto, including those in local offices.

c. Establish written rules and procedures to govern access to vital records.

d. Require signed applications for any copy of a vital record.

e. Increase uniformity between states with respect to forms and standards which govern vital records.

f. Maintain close liaison with agencies that use vital records as evidence so as to detect possible fraud.

12. Additional Public Health Service Grants-in-Aid Funds for Redevelopment (Depressed) Areas

That the President and the Congress be requested to amend the Public Health Service Act to allow for grants-in-aid to the States for general public health over and above the present formula for these grants in areas of the country which have been designated as redevelopment areas under the Area Redevelopment Act of 1961. A twenty-cent per capita per annum increase is suggested.

INFECTIOUS DISEASES COMMITTEE

Chairman:	R. H. Hutcheson, M.D.	Tennessee
Vice Chairman:	A. L. Gray, M.D.	Mississippi
Members:	J. T. Herron, M.D.	Arkansas
	Edmund G. Zimmerer, M.D.	Iowa
	Stanley J. Leland, M.D.	New Mexico
	Terrell O. Carver, M.D.	Idaho
	John S. Anderson, M.D.	Montana

The State and Territorial Health Officers recommend:

1. Vaccination Assistance Program

That the Public Health Service give specific and detailed instructions in all areas of the vaccination assistance program to the states through the regional offices.

2. Procedures for the Use of Measles Vaccine

That the Public Health Service bring together representatives of the Children's Bureau, Association of State and Territorial Health Officers, the American Academy of Pediatrics, and the American Medical Association to develop a uniform position on the procedure for giving measles immunization.

3. Federal Funds for the Control of Tuberculosis

That the Public Health Service request The Congress to restore the Federal appropriation for the control of tuberculosis to the level of not less than $6,000,000.00 for formula grants to States and that the ASTHO endorse and support this request.

4. Educational Film on Gonorrhea

That the Public Health Service initiate the production of an educational film on gonorrhea that will be suitable for teen-age groups.

Association actions:

5. Expansion of National Disease Surveillance Programs

That the Congress of the United States be petitioned to provide additional financial assistance to the States and to the Communicable Disease Center for the expansion of national disease surveillance programs.

6. Surgeon General's Task Force Report on Syphilis Control

That the Association of State and Territorial Health Officers endorse the recommendations of the Surgeon General's Task Force Report on Syphilis in the United States, and urge the active participation and cooperation of all responsible health officials in carrying out the recommendations of the Task Force.

LONG-TERM ILLNESS AND HEALTH OF THE AGING COMMITTEE

Chairman:	Bernard Bucove, M.D.	Washington
Vice Chairman:	Perry F. Prather, M.D.	Maryland
Members:	Daniel L. Finucane, M.D.	District of Columbia
	H. M. Hardwicke, M.D.	Missouri
	Roscoe P. Kandle, M.D.	New Jersey
	Joseph E. Cannon, M.D.	Rhode Island
	G. D. Carlyle Thompson, M.D.	Utah

The State and Territorial Health Officers recommend:

1. Community Health Project Grants Procedures

The Conference of State and Territorial Health Officers notes the Surgeon General's approval of the report of the Committee to appraise procedures for submitting Community Health Project Grants applications and the adoption of its recommendations. It concurs with this action and particularly urges continued evaluation of these procedures.

Association actions:

2. World-Wide Elimination of the Chemical Carcinogen, Beta-naphthylamine

That each State and Territorial Health Officer make an effort to determine the extent of use of the chemical carcinogen, beta-naphthylamine, in his State and take the necessary steps to bring about discontinuation of its use.

3. Oral Cancer Programs

That each State and Territorial Health Officer establish close and active cooperation with his State Cancer Society, State professional societies, and State professional schools to consider programs designed to reduce death and disability from oral cancer.

That each State develop educational programs to develop the full capability of physicians and dentists to detect oral cancer in its early asymptomatic stage.

That programs be considered to demonstrate that oral cancer can be effectively controlled by a cooperative effort by voluntary agencies, physicians, and dentists.

4. Surveys and Studies of Chronic Illness Problems

That State Health Departments develop a staff capability for assisting community health departments in the survey and study of their chronic illness problems in terms of (1) prevalence of chronic disease and disability, (2) the services available and their utilization, and (3) identification of gaps in services.

5. Dental Care Programs for the Chronically Ill and Aged

That proper dental care programs be included in restoration programs for the chronically ill and aged.

6. Utilization of State Health Departments and their Local Counterparts in the Administration of any Federal Medical Care Program

That the Association recommend to the administration and to the Congress that any legislation concerning medical care for the aged or for other segments of the population be written to make the fullest use of the resources of State Health Departments in applying Federal standards to State situations and serving as a Federal agent for the program in the administration of all medical and paramedical matters.

If it is deemed wise for the legislation to leave the regulations to the Secretary of the Department of Health, Education, and Welfare, then the Secretary should be requested by the Association to have the regulations drafted in such a fashion that the optimal utilization of State and Local Health Departments be included.

7. Arthritis Programs

That State and Territorial Health Officers be encouraged to survey their specific needs and resources in the field of arthritis with a view to developing public health programs at State and local levels which will apply the results of research and investigation in arthritis to the health problems of the people.

8. Neurological and Sensory Disease Programs

That each State and Territorial Health Department give serious consideration to assessing the extent and impact of neurological and sensory disease problems on their populations and to ways and means of developing sound control programs for minimizing and possibly eliminating the disabling results of these problems.

9. Cooperation between State Health and Welfare Departments

That each State and Territorial Health Officer establish close and active working relationships with his State Department of Welfare for the purpose of developing cooperative activities, as found appropriate in each State. Examples of such cooperative activities are:

a. Development of high quality standards for public assistance medical care services.

b. Certification of providers of services meeting these standards.

c. Development of sound methods of establishing reimbursable rates for medical care services.

d. Development of appropriate administrative methods, including utilization of program data for purposes of program development and direction.

e. Participation in the medical care aspects of welfare department in-service training programs.

f. Planning programs for restoration to self-care for chronically ill and aged public assistance recipients.

g. Planning preventive programs, such as cervical cytology, directed particularly to the special health problems of public assistance recipients.

h. Joint administrative planning which will result in the greatest possible reduction of fragmentation of health services required by public assistance recipients.

i. Health care in day-care centers.

j. Health care for mothers and children.

10. Cooperative Relationship between Health and Welfare Agencies

The Association of State and Territorial Health Officers recommends to the American Public Welfare Association and the American Public Health Association that these two national associations develop a joint committee charged with the task of developing guidelines for the development of cooperative relationships between State Health and State Welfare Agencies.

11. Chronic Respiratory Diseases

The Association of State and Territorial Health Officers urges that, in addition to programs for tuberculosis and cancer control, State Health Departments direct appropriate attention to other chronic respiratory diseases; and we further recommend that the Public Health Service assist in this regard by providing appropriate program emphasis to this area in its chronic disease program.

MATERNAL AND CHILD HEALTH COMMITTEE

Chairman:	J. W. R. Norton, M.D.	North Carolina
Vice Chairman:	J. E. Peavy, M.D.	Texas
Members:	Daniel J. Hurley, M.D.	Nevada
	Melvin H. Evans, M.D.	Virgin Islands
	Guillermo Arbona, M.D.	Puerto Rico
	Lloyd M. Farner, M.D.	Arizona
	William J. Rein, M.D.	Louisiana

The State and Territorial Health Officers recommend:

1. Career Development Program for Maternal and Child Health Specialists

That the Children's Bureau establish a new maternal and child health career development program for recruits which would support the recruitment and preparation of physicians as maternal and child health specialists for community administered services.

2. Program Planning for the Control of Inheritable Diseases

That the Children's Bureau study recent advances in human genetics which would have practical application to maternal and child health programs and present a report at the next annual meeting of the Association of State and Territorial Health Officers.

3. Practice of Nurse Midwifery

That the Children's Bureau, with the advice of appropriate committees, examine the practice of nurse midwifery and recommend standards and practices, if indicated.

Association actions:

4. Consideration of Public Health Problems with Special Reference to Mothers and Children by the Council of State Governments

That the Association of State and Territorial Health Officers offer its services and assistance to the Health and Welfare Committee of the Council of State Governments.

5. Ceiling on Congressional Appropriation for Maternal and Child Health and Crippled Children, and Increased Appropriation for These Two Programs

That the ceiling on the Congressional appropriation for maternal and child health and for crippled children be raised in keeping with that now passed for child welfare services and that appropriations for these two programs be likewise increased.

6. Physical Fitness and School Health Programs

That the program of the President's Council on Youth Fitness be so planned and implemented as to assure its coordination and integration with the other components of the total school health program which comprises health services,

environment, and health instruction; and that the total school health program be improved through the cooperative efforts of the Association of State and Territorial Health Officers, the Council of Chief State School Officers, and with the assistance of other interested groups, and the Secretary transmit a copy to the President's Council on Youth Fitness, each chief State school officer and the AMA.

7. Development of Public-Supported Day Care Centers

That State Health Departments, working in conjunction with State Departments of Welfare and Education, encourage the development of day care centers for children of working mothers, migrant families, and other groups, as indicated by local conditions; and that State and local Health Departments develop health supervision programs and services for the children in these centers.

8. A Healthy Child Population is a Prerequisite to a Healthy Adult Population

That each State Health Officer examine the extent of maternal, infant, and child mortality and morbidity in his State and evaluate the maternal and child health and, where applicable, crippled children's programs in order to determine which mothers and children are not receiving the benefits of modern preventive and curative medicine, and, where necessary, give the highest priority to promotion of programs designed to prevent maternal, infant, and child mortality and morbidity, thus helping to provide for a healthier adult population of the future.

RESEARCH COMMITTEE

Chairman:	Alfred L. Frechette, M.D.	Massachusetts
Vice Chairman:	Albert V. Hardy, M.D.	Florida
Members:	Herman E. Hilleboe, M.D.	New York
	Russell E. Teague, M.D.	Kentucky

The State and Territorial Health Officers recommend:

1. Stipends for Public Health Training

That stipends under the Title I Public Health Traineeship program be set at a more realistic level, in order that candidates may be attracted to apply for training for research in public health practice.

2. Training for Research

That Public Health Service policies be broadened to allow support of State health departments for provision of field training for research.

3. Research Consultation to State and Local Health Departments

That the Public Health Service, Children's Bureau, and other Federal services concerned with health research cooperatively employ a qualified research consultant for each Regional Office to assist State and local health departments in research development.

4. Membership of Research Advisory and Reviewing Committees and Councils

That the Public Health Service and the Children's Bureau critically examine the membership of research study sections and councils to insure that those experienced in public health and in community-based research will be adequately represented in the evaluation of the increasing number of field research proposals.

5. General Research Support

That general research support to State Health Departments be made available on the same basis as that used for medical schools, dental schools, schools of public health and schools of osteopathy with an initial basic grant of $25,000 to insure that each State Health Department will have a minimum financial base for a research program.

ASSOCIATION ACTIONS:

6. Affiliation of Directors and Coordinators of Research

That the duly organized Association of State and Territorial Directors and Coordinators of Research be accepted and approved as an affiliated organization of the Association of State and Territorial Health Officers.

7. Evaluation Guides and Indices

That the Association, recognizing the importance of developing methodology, guides, and indices for evaluation of State and local health department programs, offers its full support to the Public Health Service, the Children's Bureau, the American Public Health Association, the National Commission on Community

Health Services and the grantee under this program, and the University of Michigan School of Public Health and urges that all efforts to this end be closely coordinated, and copies of this action be transmitted to appropriate agencies.

SPECIAL HEALTH AND MEDICAL SERVICES COMMITTEE

Chairman:	Franklin M. Foote, M.D.	Connecticut
Vice Chairman:	Leo Bernstein, M.D.	Hawaii
Members:	Dean H. Fisher, M.D.	Maine
	Mary M. Atchison, M.D.	New Hampshire
	Edwin O. Wicks, M.D.	Alaska
	Joseph Kovacs, M.D.	Guam
	R. N. Barr, M.D.	Minnesota

The State and Territorial Health Officers recommend:

1. Utilization of Public Health Educators by the Public Health Service

That the utilization of health educator competencies be incorporated in the Public Health Service programs in the Washington offices; that the Public Health Service be requested to place health educators in all of their Regional Offices to provide the educational concept in consultation for the development and evaluation of all programs involving educational aspects.

2. Sanitarian Training

That the Second National Conference on Public Health Training consider the necessity for modifying the Public Health Service Traineeship Program to include awards for undergraduate training in sanitary science at recognized colleges and universities.

3. U. S. P. H. S. Public Health Training Project Funds for State Health Departments

That the Second National Conference on Public Health Training consider the necessity for modifying the project grant program to permit State health departments to submit applications for public health training project funds to the Public Health Service.

4. Nursing Home Bed Needs

That the regulations relating to the Hill-Burton Program be changed to permit maximum flexibility in planning for nursing home beds.

5. Mental Health Center Eligibility

That the Surgeon General recommend to the Secretary of the Department of Health, Education, and Welfare that the Administration support an amendment to the Hospital and Medical Facilities Survey and Construction Act to allow as an eligible applicant for assistance under the Diagnostic and Treatment Category "a nonprofit corporation or association which operates a mental health center or clinic."

Association actions:

6. President's Committee for Traffic Safety

That each State and Territorial Health Officer actively support the action program of the President's Committee for Traffic Safety.

7. Accidental Injuries: Collection of Data on Accidental Injuries

That State Health Departments consider the collection of data on accidental injuries to be used for development of preventive programs and for development of standardized forms, codes and procedures.

8. Accidental Injuries in Rural Populations

That studies of accidental injuries and deaths occurring in the rural population be initiated and that prevention programs be developed by State and local health departments, and other agencies.

9. Accidental Deaths Due to Drowning

That each State and Territorial Health Officer establish and maintain close cooperation with his State Department of Conservation, and specifically the principal officer responsible for administration of the State boating law. This relationship would serve to provide the public health and medical components to boating safety programs, appropriate participation in the development of regulations, and joint action in safeguarding the boating public in its use of recreational waters.

That the States and Territories make use of health education programs in support of accident prevention in water recreation.

10. Water Safety - A Responsibility of Health Agencies

That the State and Territorial Health Officers endorse and support the concept that health agencies at all levels must assume responsibility for water safety within their jurisdictions. Particular emphasis should be placed on water safety programs at public swimming places to the end that they are properly designed to prevent injury and death and staffed with competent water safety personnel who are trained in water safety procedures for the facility which they serve.

11. Behind-the-Wheel Driver Training

That each State and Territorial Health Officer encourage, support, and participate in efforts to improve behind-the-wheel driver training, including the development of appropriate training facilities, such as "controlled risk" driving tracks on a demonstration basis.

12. Equipment and Personnel of Casualty-Carrying Vehicles

That State and Territorial Health Authorities study the situation that may exist in their respective States and Territories with regard to traffic regulations of ambulances and other casualty-carrying vehicles, the training and competency of ambulance personnel, and the medical equipment on casualty-carrying vehicles, and support the joint action program to regulate these vehicles and upgrade these services that is being developed by the National Safety Council, the American College of Surgeons, and the American Association for the Surgery of Trauma.

13. Fire Prevention

That staffs of State and local health departments participate, cooperate, and coordinate with State and local fire departments in developing and implementing action programs for the prevention of fires and the reduction of injuries and deaths from fires.

14. Feasibility of Undertaking Federal, State and Territorial Survey of Alcoholism and Resources Available for its Treatment

That the Association of State and Territorial Health Officers encourage surveys of incidence and prevalence of alcoholism, the nature of drinking practices surrounding this disorder and what treatment resources are available, and support current research to arrive at better definitions of terminology used.

15. Pneumoconiosis Studies and Research Primarily Among Coal Workers

That the State and Territorial Health Officers request added funds to enlarge the study now being planned of X-raying miners in the bituminous coal industry and also funds so that environmental health studies, including dust studies, be made which would permit engineering and medical control methods to be developed for the alleviation of pneumoconiosis.

16. Training of Non-Medical Administrative Assistants

That the Schools of Public Health and of Administration provide the necessary educational programs to train persons as non-medical administrative assistants.

17. Grant Program for the Prevention and Control of Dental Diseases

That the Association of State and Territorial Health Authorities endorse a grant program for the prevention and control of dental diseases as proposed in S. 917 and H.R. 14742, and work to the end that they be reintroduced and that the appropriate committees of the next Congress be informed of this endorsement.

18. Revitalize Promotion of Fluoridation

That each State and Territorial Health Officer reaffirm his support and solicit the support of other organizations to revitalize community fluoridation programs in his state or territory; vigorously recommend the optimum adjustment of the fluoride content of all public water supplies; and apprise sanitary engineers and other public health personnel of their responsibilities in support of fluoridation as a progressive health measure.

19. Strengthening of Food and Drug Administration

That the Association of State and Territorial Health Officers strongly urge that the Food and Drug Administration be furnished immediately with sufficient staff to discharge its function adequately.

20. Extension of Hospital and Medical Facilities Program

That the Hospital and Medical Facilities Program be extended for an additional five years, to provide authorizations for annual appropriations through June 30, 1969.

21. Financial Assistance for Hospital Planning in Urban Areas

For the development of a coordinated program of facilities and services that will insure quality care at the lowest possible cost, that the Surgeon General recommend Federal legislation to be administered through the State Hospital Survey and Construction Authorities which would:

a. Provide financial assistance to the several states on a continuing basis to survey the need for modernization, expansion, replacement, and new construction of care facilities in urban areas; and for the provision of consultation and assistance to local planning agencies in the development and implementation of areawide plans for hospital and medical facilities; such funds also to be available to the States for the purpose of stimulating and analyzing local planning and determining the validity and reasonableness of incorporating local and areawide plans, in whole or in part, as integral parts of the overall state plans for hospitals and related facilities construction.

b. Provide increased financial assistance in the form of special project grants for areawide planning bodies to develop and implement comprehensive and coordinated plans for medical care facilities and services on a continuing basis; such grants to be made to local planning bodies only after submission of applications to and the approval of such grants by the appropriate State Hospital Survey and Construction Authority.

22. Financial Assistance for Modernization, Expansion, Replacement and New Construction of Care Facilities in Urban Areas

That the Surgeon General recommend Federal legislation to be administered through the State Hospital Survey and Construction Authorities to provide financial assistance in the modernization, expansion, replacement and new construction of care facilities giving special consideration to the more urban areas of the States. It is emphasized that funds provided for this purpose should be over and above those funds necessary to carry out the present provisions of the Hill-Burton Act.

23. Financial Assistance for Administering the Increasing Duties and Responsibilities of the Hospital and Medical Facilities Program

That the Congress of the United States be petitioned to amend the hospital and medical facilities survey, planning, and construction act to provide financial assistance on a matching basis to all States for the improvement of the administration of the program; that such funds be over and above existing State appropriations.

24. Long-Range Planning and Projection

That State Hospital and Construction Authorities develop long-range planning and projections as to the need for care facilities and beds in all categories as well as the need for personnel to staff these facilities.

25. Procedures for Obtaining Wage Rate Determinations

That the Department of Labor extend the time limitation now applied to all wage rate decisions from 90 days to 120 days; and that the Secretary of the Association transmit this information to the Department of Labor.

26. In-Service Training in Health Education

That each State Health Officer consider including sessions on the principles and methods of health education in its program of in-service training for all public health workers. For this purpose, it is requested that the Public Health Service and schools of public health be asked to develop training personnel that States can call upon for assistance in developing such in-service experiences.

SPECIAL COMMITTEE ON DISASTER MEDICAL SERVICES AND HEALTH MOBILIZATION

Chairman:	J. T. Herron, M.D.	Arkansas
Vice Chairman:	Franklin D. Yoder, M.D.	Illinois
Members:	Russell E. Teague, M.D.	Kentucky
	Joseph E. Cannon, M.D.	Rhode Island
	Roscoe P. Kandle, M.D.	New Jersey
	G. D. Carlyle Thompson, M.D.	Utah
	Richard H. Wilcox, M.D.	Oregon
	John H. Venable, M.D.	Georgia

The State and Territorial Health Officers recommend:

1. Medical Self-help Training

That Federal funds be provided to States and Territories to implement State programs for medical self-help training; that the future of this program, with specific reference to the plans, availability dates, and number of training kits to be furnished each State, and that interest be stimulated in medical self-help in local and municipal health departments in order that as many citizens of every community as are capable of receiving instruction be organized and instructed in the essentials to survival.

2. Health Mobilization Basic, Nonmatching Grant Program

That the Public Health Service establish a basic, nonmatching grant program.

3. Training Programs for Operations and Maintenance of CDEH

That the Public Health Service provide material for courses for appropriate Public Health personnel who have been delegated the responsibility of supervising CDEH programs, and that small portable field units for on-site training be developed.

4. Chemical and Biological Warfare Defense

That the Surgeon General undertake whatever steps are appropriate within his authority to insure that State Health Officers be continuously and effectively informed of developments in the area of chemical and biologic agents, particularly in regard to diagnostic and therapeutic procedures for the control of illness which might result from their use by an enemy or accidental release.

Association actions:

5. Increased Health Mobilization Activity in State and Local Health Departments

That each State and Territorial Health Officer take appropriate action to stimulate increased health mobilization activity in both State and local health departments to ensure more rapid progress toward preparedness to provide emergency health services in the event of widespread disaster, both natural and war-created. Types of action recommended at both State and local level include:

a. Appointment of emergency health advisory committees.

b. Preparation and/or updating of written emergency health service plans as an integral part of civil defense plans and organizations.

c. Assignment to and provision of mission-oriented training for personnel of State and local emergency health service.

d. Promotion of medical self-help training courses.

e. Procurement and maintenance of essential health materiel in accordance with anticipated needs and provision of mechanisms for post-attack replenishment of resources.

f. Development of coordinated communication systems.

g. Conduct of annual or semi-annual test exercise.

h. Encouragement and support of the addition to Public Health staffs of personnel to accept delegations of responsibilities for health aspects of disasters.

6. National Epidemiological Laboratory Network

That the respective States cooperate with the Public Health Service in surveying total capabilities within the States to perform epidemiological diagnosis of communicable diseases common to both man and animal, and the feasibility of integrating Public Health laboratories, and laboratories in hospitals, institutions of higher learning, industry and any other facilities having laboratory capabilities, or which can be converted to perform such functions, into a unified national epidemiological laboratory network.

SPECIAL COMMITTEE ON INDIAN AFFAIRS

Chairman:	R. N. Barr, M.D.	Minnesota
Vice Chairman:	Lloyd M. Farner, M.D.	Arizona
Members:	Stanley J. Leland, M.D.	New Mexico
	James W. Sampson, M.D.	Wyoming
	A. L. Gray, M.D.	Mississippi
	James R. Amos, M.D.	North Dakota
	Edmund G. Zimmerer, M.D.	Iowa

Association actions:

1. Indian Affairs Subcommittee

That the Committee on Indian Affairs be maintained in the ASTHO Committee structure as a subcommittee of the Health Services Administration Standing Committee, and that individuals from the several standing committees be represented on this committee. The Subcommittee make-up should include health officers from those States with a large Indian population.

Further, that the State Health Officer serving on the Surgeon General's Advisory Committee for Indian Health be included as a member of that ASTHO Subcommittee.

2. Appropriations for Indian Health

That the Indian health program be given a high priority, that this priority be continued, and that an annual increment of at least $5 million for the next several years be strongly considered by the Public Health Service.

The Service is reminded that this recommendation has been made in the past* and that the incremental increase has not been achieved at this level.

(*Proceedings 1961 Annual Conference of the Surgeon General, PHS with ASTHO, PHS Publication 927.)

3. Indian Health Subcommittee Interim Meetings

That in order to provide continuing guidance to the Division of Indian Health, interim meetings on the Subcommittee concerned with Indian Health of the Health Services Administration Standing Committee, ASTHO, should be held with key policy personnel from that Division. These meetings may be called at the pleasure of the Committee.

SPECIAL COMMITTEE ON MIGRANT LABOR

Chairman:	R. L. Cleere, M.D.	Colorado
Vice Chairman:	J. E. Peavy, M.D.	Texas
Members:	Floyd I. Hudson, M.D.	Delaware
	Bernard Bucove, M.D.	Washington
	Guillermo Arbona, M.D.	Puerto Rico
	J. W. R. Norton, M.D.	North Carolina
	Joseph Kovacs, M.D.	Guam
	Terrell O. Carver, M.D.	Idaho
	Perry F. Prather, M.D.	Maryland

The State and Territorial Health Officers recommend:

1. Medical Care of Migrants

That the Public Health Service study the issues and the attitude of the migrant toward prepayment hospitalization and medical care insurance, develop an effective educational approach and carry out a demonstration program.

2. Increased Attention to Tuberculosis in Migrant Workers and Their Families

That the Public Health Service devote increased attention and assistance to the problem of tuberculosis in the migratory worker and his family, both in the State he claims for residence and in the States in which he works for varying lengths of time.

3. Evaluation of Spanish Audio-Visual Aids

That the Public Health Service arrange for evaluation of audio-visual aids being used by the various States with Spanish-speaking migrants. This evaluation should include consideration of reading levels and cultural patterns. It should be carried on in cooperation with the States of origin of the migrants and the States where Spanish-speaking migrants do seasonal work.

4. Regional Migrant Health Program Development

That the Public Health Service assist State health agencies and others concerned with migrant health projects and interstate program development, by providing staff coordinator-consultants who will serve, independent of Regional Office boundaries, a large geographic area encompassing a major migrant stream.

Association actions:

5. Aid to Migrants

That the Association of State and Territorial Health Officers actively implement the passage of S-1130 - "Migrant Health."

6. Migrant Labor Housing Model Plans and Guidelines for Installation of Sanitary Facilities

That the Association set up a task force to develop and present recommendations to appropriate agencies on a model housing and sanitation code, and a program for its implementation; and that the Public Health Service provide staff assistance to the Association task force.

7. Dental Care Programs for Migrant Laborers

That Dental health programs for migrant workers and families be developed in all States where migrant labor programs are in effect.

RESOLUTIONS

PERTAINING TO PUBLIC HEALTH ACTIVITIES

ADOPTED BY THE

STATE AND TERRITORIAL HEALTH OFFICERS

Resolutions Committee

Chairman:	Charles L. Wilbar, Jr., M.D.	Pennsylvania
	Albert E. Heustis, M.D.	Michigan
	Ralph E. Dwork, M.D.	Ohio

RESOLUTION NO. 1

Quality of Long-Term Patient Care

Whereas the adequacy and quality of medical care of the chronically ill in the home or in long-term patient care facilities, whether public, voluntary, or proprietary in sponsorship, imposes a responsibility on the public health agency, and

Whereas repeated studies have indicated that, despite significant improvements in recent years, there are still serious deficiencies in the adequacy and quality of care in long-term patient care facilities, and

Whereas it is essential that the standards of care be elevated for humanitarian reasons, and

Whereas there is a particular need to assure high quality care when payment is made by third parties, such as governmental agencies or insurance plans or companies, and

Whereas the Federal funds for chronic disease services made available to the States under the Community Health Services Act of 1961 may be utilized for purposes of improving care in such facilities, and

Whereas there has been nation-wide interest in the accreditation of long-term patient care facilities: Now therefore, be it

RESOLVED, That State Departments of Health be urged to develop and promote actively the improvement of patient care in long-term patient care facilities through education and more stringent application of licensure standards and such other methods as may fall within their authority or jurisdiction, and be it further

RESOLVED, That Standards and practices be reviewed periodically and updated as indicated, and be it further

RESOLVED, That in those States where health departments do not have authority or have insufficient authority or have inadequate financial provisions, that legislation or executive action be sought to implement these recommendations, and be it further

RESOLVED, That any system of accreditation developed by a non-governmental agency should be supplemental and not in lieu of adequate licensure standards.

RESOLUTION NO. 2

Responsibility for Water Quality Management Program

Whereas the use of water for human consumption is considered the highest use of this resource, and

Whereas the safety of water for human consumption is the most critical consideration in water quality, and

Whereas in recognition of the importance of preserving water quality for human and other important uses, health agencies have for more than a half century exerted vigorous leadership in water pollution abatement, and

Whereas through the conduct of research and investigations health agencies have contributed to the knowledge underlying scientific water quality management standards, and control, and

Whereas the nation is facing rapidly increasing new problems of viral, chemical and radioactive contamination of water which have significant implications for the preservation of human and natural resources, and

Whereas the experience, understanding and competence of health agencies is the major national resource for the management of scientifically based water quality control programs: Now therefore, be it

RESOLVED, That the Association of State and Territorial Health Officers in meeting assembled record its unanimous belief that health agencies should have the primary role and responsibility in programs for the control of water quality and accordingly it recommends that the national water pollution program remain in the national health agency, the Public Health Service, and be it further

RESOLVED, That copies of this Resolution be furnished to the President of the United States, to the appropriate Committees of Congress, and to the Secretary of the Department of Health, Education, and Welfare.

RESOLUTION NO. 3

National Advisory Water Pollution Control Board

Whereas the relationship between water pollution and human health has long been recognized as the relationship of most critical health concern, and

Whereas the health agencies of the nation have the primary responsibility for the public health aspects of water quality, and

Whereas the National Advisory Water Pollution Control Board has since its inception included in its membership a State Health Officer, and

Whereas in its present Board such representation is not provided, and

Whereas such representation is considered essential to the health protection of the nation: Now therefore, be it

RESOLVED, That the Association of State and Territorial Health Officers recommend that the President restore to the membership of the Board a State Health Officer representative, and be it further

RESOLVED, That copies of this Resolution be furnished to the President of the United States and to the Secretary of Health, Education, and Welfare.

RESOLUTION NO. 4

Environmental Health Center of the Public Health Service

Whereas an effective environmental health program in the Public Health Service requires the integration of all required disciplinary groups in a coordinated activity, and the fostering of the closest possible relationships among program operations, technical assistance and research, and

Whereas a pressing need exists for effective liaison and coordination with other Federal departments and agencies and other components of the Public Health Service located in the Washington area, and

Whereas effective and current communication with the Office of Science and Technology of the President's Office, the Congress and the headquarters of many national organizations is of increasing importance in environmental health, and

Whereas broad policy development and executive direction of the Public Health Service are conducted at its headquarters, and

Whereas the conduct of the several categorical programs encompassed in environmental health can be done most economically and efficiently by providing for joint use of certain common facilities, instrumentation and supporting services, and

Whereas strong central administration is requisite to effective utilization of regional and other field facilities: Now therefore, be it

RESOLVED, That the Association of State and Territorial Health Officers urge the establishment of an Environmental Health Center by the Public Health Service within the vicinity of Washington, D.C., with suitable physical facilities, for the administration of program operations, technical assistance, and fundamental and applied research in environmental health; and, be it further

RESOLVED, That copies of this resolution be transmitted to appropriate Committees of Congress, the Surgeon General of the Public Health Service, and the Secretary of the Department of Health, Education, and Welfare.

RESOLUTION NO. 5

Endorsement of Legislation for Public Health Service Bureau of Environmental Health and Bureau of Community Health

Whereas environmental health problems are of mounting concern and their solution is essential to the Nation's health and welfare, and

Whereas the growing importance of environmental health emphasizes the desirability of enhanced organizational status, visibility, and identity for the entire field of environmental health, as well as its component parts, and

Whereas after a careful study of Public Health Service programs and organization, a special Task Force under the Surgeon General recommended the establishment of a Bureau of Environmental Health and a Bureau of Community Health to provide a strong central organizational structure for effective stimulation and leadership in the planning and coordination of various activities in the over-all field of environmental and community health: Now therefore, be it

RESOLVED, That the Association of State and Territorial Health Officers endorses and supports necessary legislation to establish a Bureau of Environmental Health and a Bureau of Community Health as two of the major components of the Public Health Service and that copies of this resolution be transmitted to appropriate Committees of Congress, the Surgeon General of the Public Health Service, and the Secretary of the Department of Health, Education, and Welfare.

RESOLUTION NO. 6

Radiation Guidance

Whereas State health agencies are legally responsible for control of matters relating to public health, and

Whereas public health preventive measures may need to be taken to prevent unnecessary exposure of population groups to radioactive material in the environment, and

Whereas it is essential that any measures taken against radioactive iodine be taken as rapidly as possible upon occurrence of significant fall-out, and

Whereas it is desirable that criteria for taking preventive measures be as uniform as is consistent with the variation in local conditions throughout the Nation, and the choice and application of corrective measures is a State determination: Now therefore, be it

RESOLVED, That the Surgeon General be requested to assess and evaluate all available information on the hazard of radioactive fall-out to human health and to recommend the specific level or levels of radiation at which the States should consider taking counter measures.

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